

OFFICIAL

10-81

Revision: HCFA-AT-81-34 (BPP)

State New HampshireCitation4.21 Prohibition Against Reassignment of
Provider Claims

42 CFR 447.10(c)

AT-78-90

~~46 FR 42699~~

46 FR 42669

Payment for Medicaid services
furnished by any provider under this
plan is made only in accordance with
the requirements of 42 CFR 447.10.

TN # 81-19

Supersedes

TN # 78-4Approval Date JAN 10 1982Effective Date 10/1/81